



(Substitute) PTO/SB/Z1 (02-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/073,737	
	Filing Date	February 11, 2002	
	First Named Inventor	Lawrence C. BUONO	
	Art Unit	3763	
	Examiner Name	Cris Loiren Rodriguez	
Total Number of Pages in This Submission	3	Attorney Docket Number	V1042/20002

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Issue Fee Transmittal Form (In duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____ Please charge Attorney Account No. 03-0075 as necessary to effect entry and/or ensure consideration of this submission.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd.; Customer No. 03000 Michael J. Cornelison, Registration No. 40,395	
Signature		
Date	07/08/2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Transmitted to Facsimile No. (703) 746-4000		
Typed or printed name	Michael J. Cornelison	
Signature		Date 07/08/2004

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Michael J. Cornelison	(Depositor's name)
<i>[Signature]</i>	(Signature)
July 8, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/073,737	02/11/2002	Lawrence M. Suopo	V1042/20002	5170

TITLE OF INVENTION: SPRAY DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	07/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RODRIGUEZ, CRIS LOIREN	3763	604-521000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Infinite Vision, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Exton, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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01 FC:2501
 02 FC:1504

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 300.00 DA

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

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PAGE 23 * RCVD AT 7/8/2004 11:05:07 AM [Eastern Daylight Time] * SVR:USPTO-EFXXF-2/2 * DNIS:7464000 * CSID:215 751 1142 * DURATION (mm:ss):01:58